Type: Invited Presentation

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Session: Vaccine Success and Failures
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Time: 15:45-17:45
Room: Auditorium 2

The challenge of vaccinating in emergency settings: policy and advocacy implications

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Vaccination of populations living in complex humanitarian emergencies poses a unique set of challenges. Disrupted water and sanitation systems, destroyed health care systems, introduction and mixing of populations and crowding puts populations in complex emergencies at particular risk for vaccine-preventable diseases such as measles, cholera and polio. Guidance from the WHO, UNICEF and others help to provide a framework for vaccinating in emergencies. However, significant barriers remain. This presentation will outline these barriers, focusing on the perspectives and experiences of Médecins Sans Frontières, and describe opportunities to address key barriers and improve delivery of life saving immunizations to populations living in emergency.

A review of the formal and grey literature was completed. Using a semi-structured questionnaire, key informants were interviewed from MSF and other important institutions. A key case study from MSF experience in Yida camp was analyzed.

The literature review and key informant interviews identified several key barriers to implementing vaccination campaigns in humanitarian emergencies. Logistics, in particular requirements for cold chain and human resource mobilization. However, vaccine characteristics including dosage schedule, vaccine presentation and storage volume requirements and ease of manipulating vials were also deemed important considerations. Delays getting the vaccines to the field were noted at several places in the supply chain. Finally, price of certain key vaccines such as pneumococcal conjugate vaccine and the inability of humanitarian actors to access low prices represent an important malleable barrier.

Key barriers to implementing vaccination activities in complex humanitarian emergencies must be addressed urgently in order to avert preventable deaths. Immediate action must be taken by manufacturers to evaluate thermostability of core vaccines used in emergencies in order to allow for use in the controlled temperature cold chain. Manufacturers and GAVI can also bring down prices for vaccines for use in emergency settings. Additional recommendations will be presented for important actors including manufacturers, GAVI, distributors and vaccine implementers.

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Burden of endemic healthcare-associated infection in Africa

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Healthcare-associated infection (HAI) occurs in every healthcare facility in every country and affects hundreds of millions of patients annually worldwide, including in developing countries. Although HAIs are the most frequent adverse event threatening patient safety, reliable estimates of the global burden are hampered by the lack of data, particularly in Africa.

For example, a recent systematic review of HAI in Africa retrieved only a small number of articles (19) reporting studies conducted in 10 African countries. The overall prevalence of HAI ranged from 2.5% to 14.8%, up to twice as high as the average European prevalence (7.1%) reported by the European Centre for Disease Prevention and Control. However, some important aspects need to be considered. African settings with the capacity to conduct surveillance studies and publish data may have greater resources to implement infection prevention and control programmes than those who do not collect and publish data. Thus, the real burden of HAI is likely to be even greater in settings with weaker infrastructures and fewer resources. Most included studies (13/19) were conducted in university/teaching hospitals that usually function as referral hospitals and accept patients requiring more complex care. For these reasons, such hospitals generally report higher infection rates. No national studies were identified and only one multicentre study in two hospitals was retrieved, which makes the difficulties of conducting coordinated and regular HAI surveillance in Africa all too clear.

In 2005, WHO launched the First Global Patient Safety Challenge "Clean Care is Safer Care" to create a global momentum and commitment to reduce HAI, raise awareness of the importance of HAI as a major patient safety issue, build country commitment to tackle the problem, and develop tools and guidance documents. Within the development process, the WHO guidelines on hand hygiene in health care and the multimodal hand hygiene improvement strategy underwent a pilot test phase to assess their feasibility and adaptability to the local context and resources available. The results of the African test site in Bamako, Mali, clearly demonstrated that multimodal hand hygiene promotion is feasible and effective in low-income settings.

To reinforce the importance of patient safety, a technical paper detailing 12 key action areas, including the reduction of HAIs, was prepared by the WHO African Regional Office in collaboration with WHO Patient Safety and endorsed by all 46 African Member States. In response to this political commitment to improve patient safety, African Partnerships for Patient Safety was launched with the particularl aim of reducing HAI across the region.Given the lack of data available, efforts to reduce HAI in Africa should begin with surveillance activities aimed towards estimating the associated burden of morbidity and mortality.

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